2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

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Entity Name: VINEYARDS CAMELOT PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

75 VINEYARDS BLVD
THIRD FLOOR
NAPLES, FL 34119

New Principal Place of Business:

75 VINEYARDS BLVD
THIRD FLOOR
NAPLES, FL 34119 US

Current Mailing Address:

75 VINEYARDS BLVD
THIRD FLOOR
NAPLES, FL 34119

New Mailing Address:

75 VINEYARDS BLVD
THIRD FLOOR
NAPLES, FL 34119 US

FEI Number: 59-3559210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PROFESSIONALS, INC.
75 VINEYARDS BLVD
THIRD FLOOR
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BARTLETT, MEDEA
Address: 1094 CAMELOT CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: P ( ) Delete
Name: FELDGOISE, WALTER
Address: 1079 CAMELOT CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: KUSER, JAMES
Address: 1176 CAMELOT CIR
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete
Name: KEARNS, ROBERT
Address: 1022 CAMELOT CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete
Name: GROSSMAN, RONALD
Address: 1164 CAMELOT CIRCLE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER FELDGOISE P 03/03/2009

Electronic Signature of Signing Officer or Director — Date